

Name
in
Full

Mrs Mary S

Bryan

CERTIFICATE OF DEATH

Died at

Hards ^{Town} StoreQueen Anne ^{County}

MARYLAND

Date

of death 1903

Month

12

Day

25

Age

44

Years

44

Months

8

Days

Sex

Female

Color or
Race

American

Birth-
place

Summerset

Occupation

House Wife

Where Residing if not
at place of death.Married, Single
or Widowed

Married

Name of Wife or
Husband

Joseph Bryan

Father's
Name

J E Parks

Father's
Birthplace

Summerset

Mother's
Maiden Name

Emeline Earne

Mother's
Birthplace

Queen Anne's

Name of person giving
Information

Joseph C Bryan

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Heart Known

How long

Immediate

Phthisis Pulmonalis

How long

One year

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Howard R. Hopkins

Address

Lantern, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Sarah O. Chance

Died at Hards Stone Lenox Anne MARYLANDDate 1903 12 25 63 Y. M. D. 2 a m Housewife

<u>Male</u>	<u>White</u>	<u>Married</u>	<u>Widow</u>	<u>Divorced</u>
<u>Female</u>	<u>Colored</u>	<u>Single</u>	<u>Widower</u>	<u>Number of children living</u>

Husband	of	<u>John Chance</u>	<u>42</u>
Wife			
Father's		<u>John Chance</u>	<u>Unknown</u>
Name			

Cause of	Primary	<u>Uterine carcinoma</u>	How long sick	<u>nine months</u>
Death	Immediate	<u>Exhaustion</u>	Accident, Suicide, Homicide	

Reported by	<u>Howard R. Hopkins</u>
Address	<u>Lenox Anne</u>

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. M.D.



Name
in
Full

CERTIFICATE OF DEATH

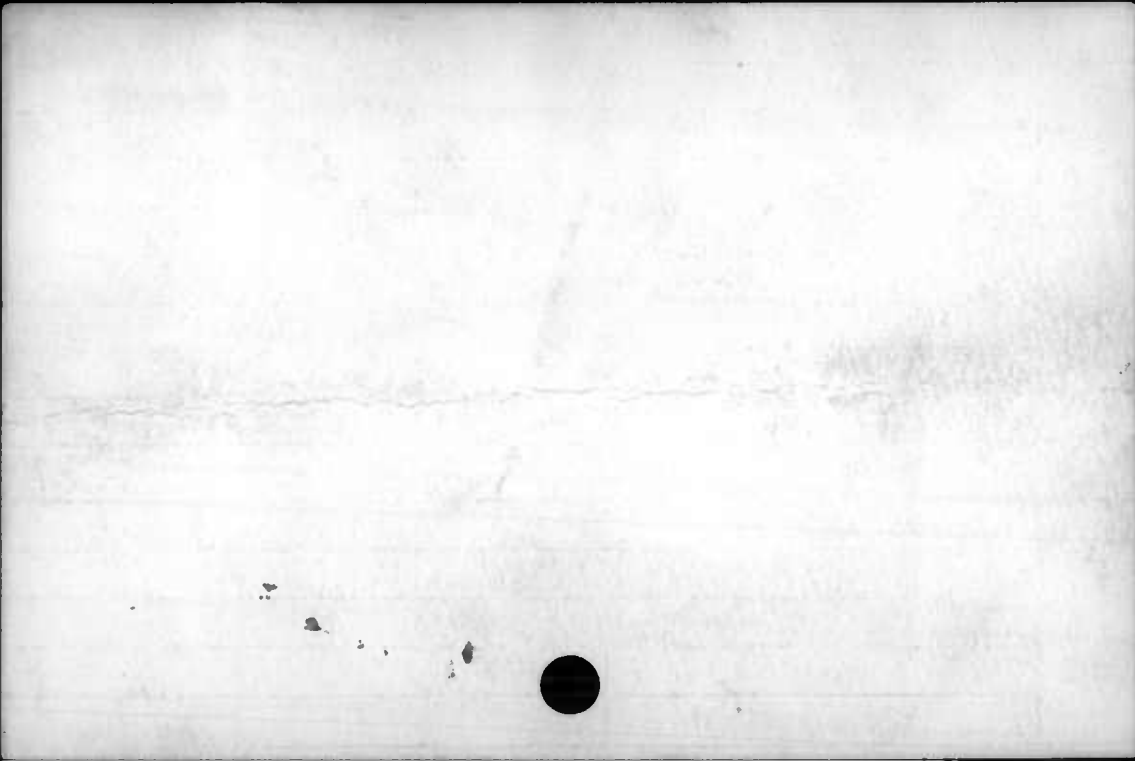
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Benier ^{Town} Gruesance point</i>		County <i>Gruesance</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>December</i>	Day <i>6</i>	Age <i>14</i>	Months <i>2</i>	Days <i>13</i>
Sex <i>female</i>	Color or Race <i>Colloid</i>	Birthplace <i>Gruesance</i>			
Married, Single or Widowed <i>Single</i>	Occupation <i>Washington Gron</i>				
Name of Wife or Husband					
Father's Name <i>Robert John Conyer</i>			Father's Birthplace <i>Gruesance Co</i>		
Mother's Maiden Name <i>Harriet Williams</i>			Mother's Birthplace <i>Gruesance Co</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Intestinal Obstruction</i>	How long <i>7 or 8 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm G. Henry</i>
	Address <i>Stevensville Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

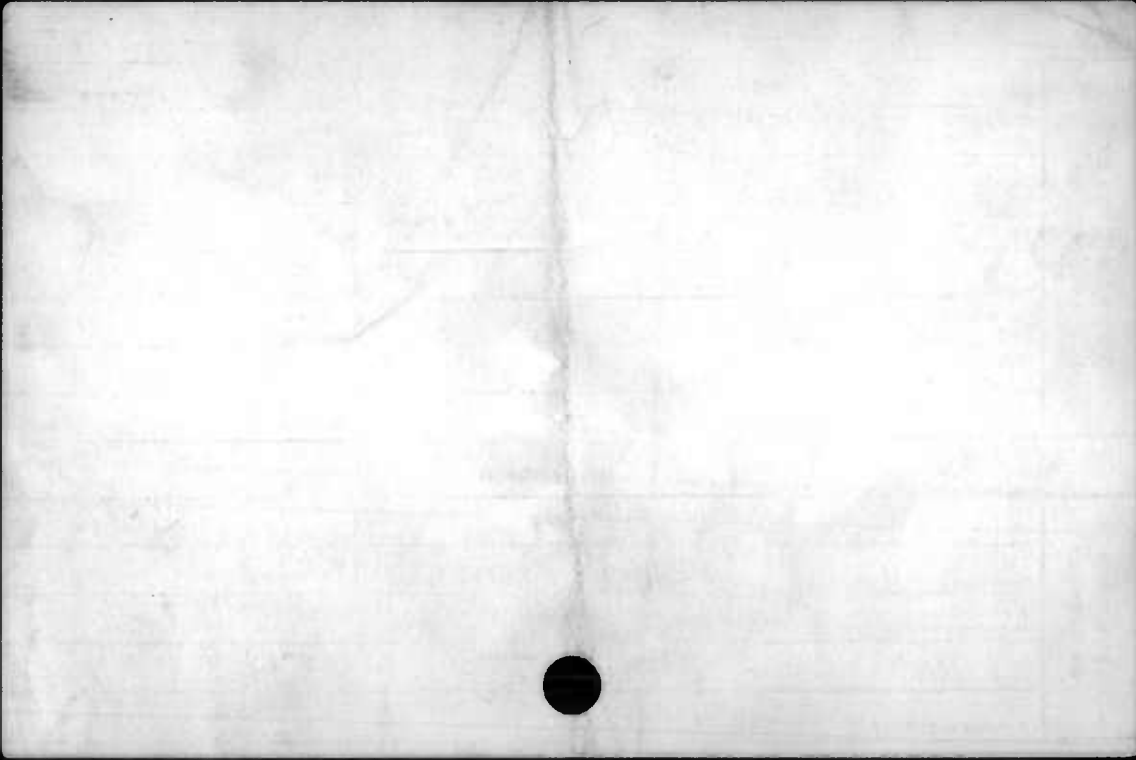
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1903		12	28	35		3	6
Sex		Color or Race		Birth-place			
Male		White		D.C. Co Md			
Occupation		Where Residing if not at place of death					
Merchant							
Married, Single or Widowed		Name of Wife or Husband					
Single		Elizabeth W. Wither					
Father's Name		Father's Birthplace					
Jas E Courson		D.C. Co Md					
Mother's Maiden Name		Mother's Birthplace					
Mary Smith		D.C. Co Md					
Name of person giving Information		How related to deceased					
Elizabeth Courson		Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	4 years
Immediate	General debility	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. M. T. H. H. H.	
		Address	
		St. Louis, Mo	
Accident or Suicide?			
No			



Name
in
Full

Rosetta Usher Earle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at "Melfield, Centerville W. H. Co. Town County

Date of death 1903 Age 74
Month Dec Day 11 Years Months Days

Sex Female Color or Race white Birth-place Balt. Md

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Samuel J. Earle

Father's Name - Brundige 93 Father's Birthplace Balt. Md

Mother's Maiden Name Mother's Birthplace Unknown

Name of person giving Information E. M. Forman How related to deceased None

CAUSES OF DEATH

Primary Pneumonia How long 7 days

Immediate Heart failure How long Sudden

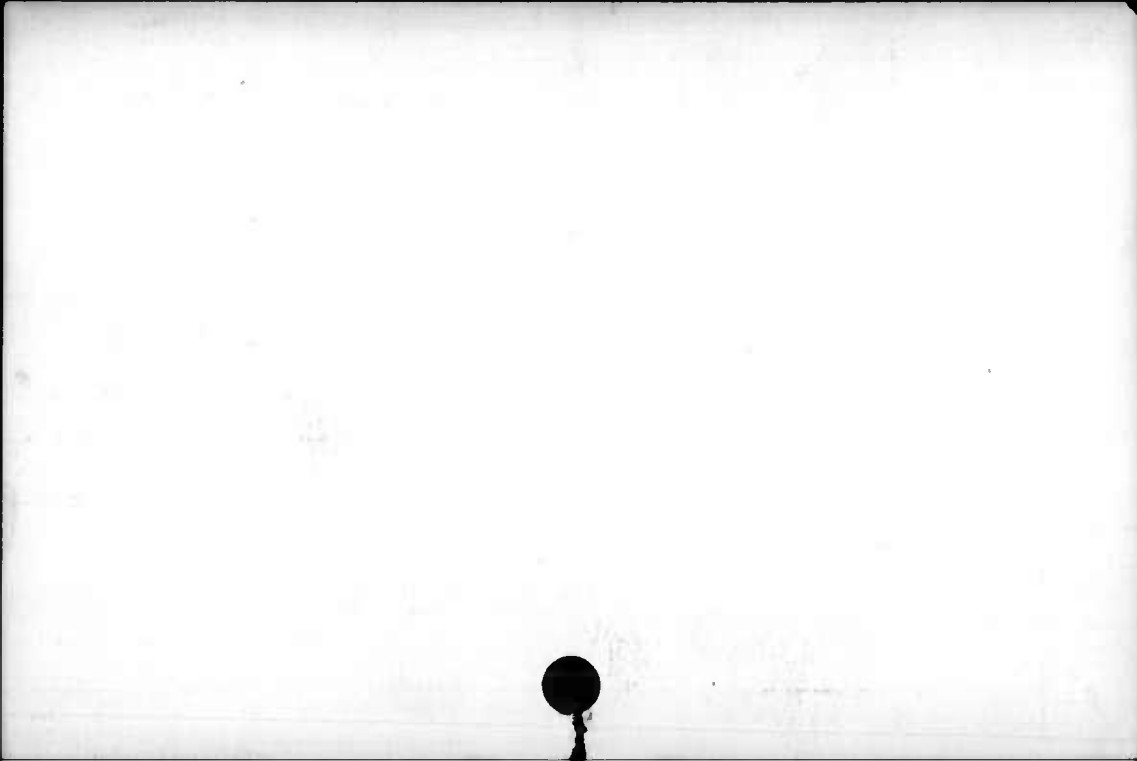
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Jas. P. Fordy M.D.
Centerville, Md.

Accident or Suicide?



Name in Full Florence Faulkner		CERTIFICATE OF DEATH	
Died at Queen Anne ^{Town}		Queen Anne ^{County}	
- MARYLAND			
Date of death 1903	Month Dec.	Day 5	Age 29
Sex Female	Color or Race White	Months 6	Days 4
Married, Singl as Widowed	Occupation Housewife	Birth-place Ind.	
Name of Wife or Husband Nathaniel B. Faulkner			
Father's Name		Father's Birthplace Ind.	
Mother's Maiden Name		Mother's Birthplace Ind.	
Name of person giving information Harry C. Faulkner		How related to deceased Brother-in-law	
CAUSES OF DEATH			
Primary	Patient has been epileptic since birth		How long 29 yrs.
Immediate	Asthma		How long 4 months
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr. J. Miller	
		Address Hillsboro Ind.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

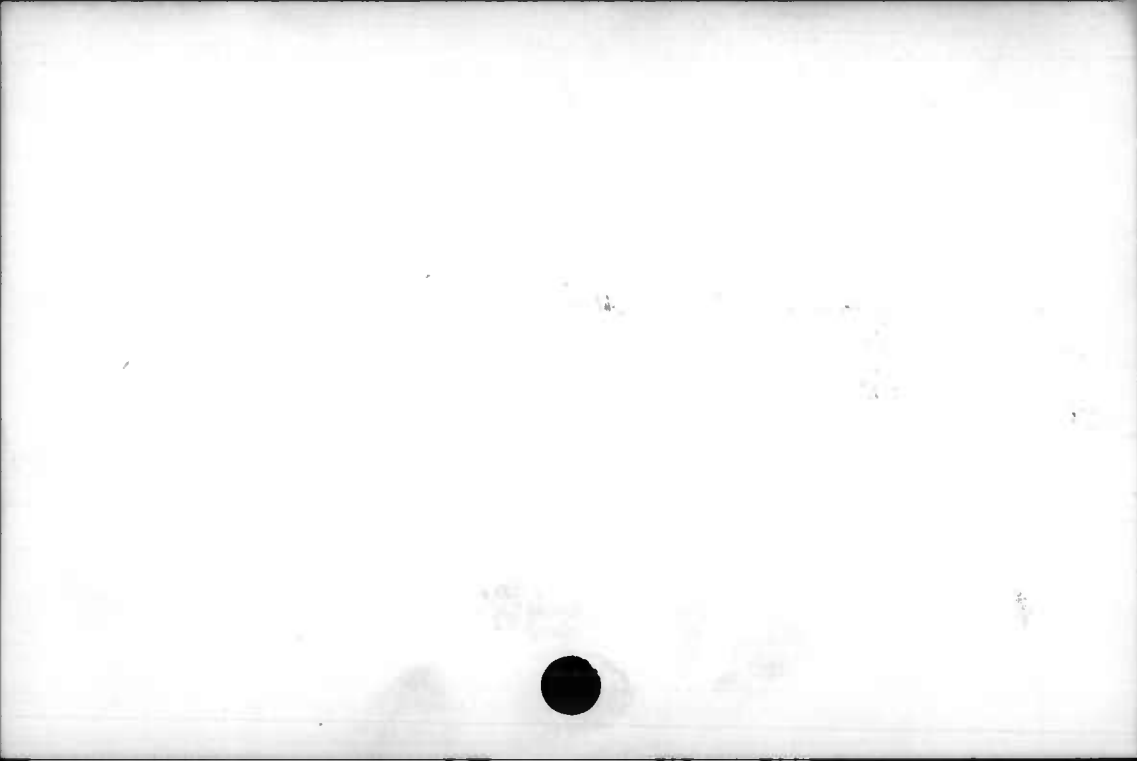
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Starr</i> ^{Town}		<i>Queen Anne's</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	Month <i>12</i>	Day <i>22</i>	Age <i>26</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Talbot Co</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>Starr</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Thos. R. Foster</i>	Father's Birthplace <i>Del</i>				
Mother's Maiden Name <i>Jane Smith</i>	Mother's Birthplace <i>Del</i>				
Name of person giving Information <i>H. E. Faulkner</i>	How related to deceased <i>Cousin</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>2 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. H. Cran</i>
	Address <i>Curtisville</i>
Accident or Suicide? <i>No</i>	<i>MS</i>



Name
in
Full

CERTIFICATE OF DEATH

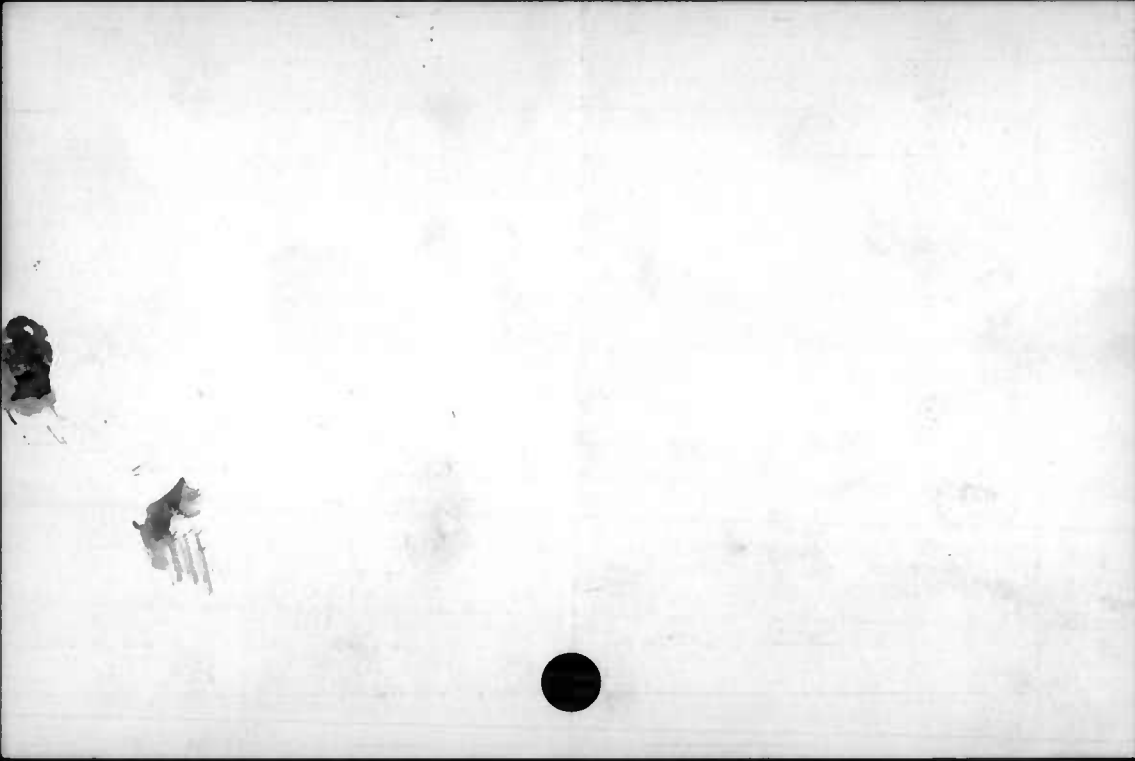
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Martha Amanda Harrison</i>		Town <i>Willoughby</i>		County <i>Queen Anne</i>		MARYLAND	
Died at		Month <i>Dec.</i>		Day <i>5</i>		Years <i>68</i>	
Date of death 190 <i>3</i>		Months <i>—</i>		Days <i>20</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Queen Anne Co</i>			
Married, Single or Widowed <i>Widow</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>Wm. H. Harrison</i>							
Father's Name <i>Price</i>		Father's Birthplace <i>Queen An. Co</i>					
Mother's Maiden Name <i>Glen</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Wm. C. Harrison</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Hemiplegia</i>	How long	<i>.34 hours</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Nobley Hackitt</i>	
<i>yes</i>		Address <i>Queen Anne Maryland</i>	
Accident or Suicide?			



Name
in
Full

Jesse Heath

CERTIFICATE OF DEATH

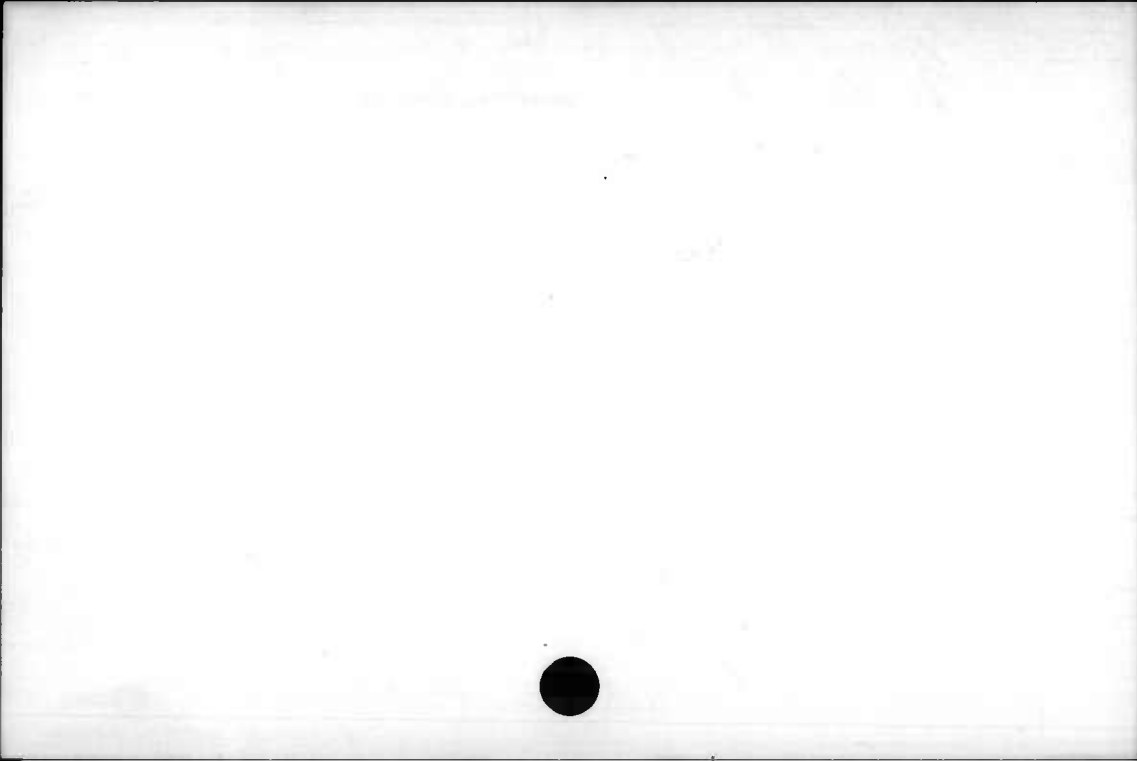
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Towson</u> ^{Town}		<u>Queen Anne</u> ^{County}		MARYLAND	
Date of death <u>1903</u>	Month <u>12</u>	Day <u>21</u>	Age <u>52</u>	Months <u>7</u>	Days <u>13</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Queen Anne's</u>			
Occupation <u>Oysterman</u>	Where Residing if not at place of death <u>Place of death</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or <u>Julia Green</u>				
Father's Name <u>Isaac Heath</u>	Father's Birthplace <u>2.A. les</u>				
Mother's Maiden Name <u>Harriet E. Jones</u>	Mother's Birthplace <u>2.A. les</u>				
Name of person giving Information <u>Jesse Heath Jr</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Chronic Sclerosis</u>	How long <u>3 yrs</u>
Immediate <u>Cerebral Hemorrhage</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Emory Kraus</u>
	Address <u>Cumtwood Md</u>
Accident or Suicide?	



Name
in
Full

Hester A. Lawrence

CERTIFICATE OF DEATH

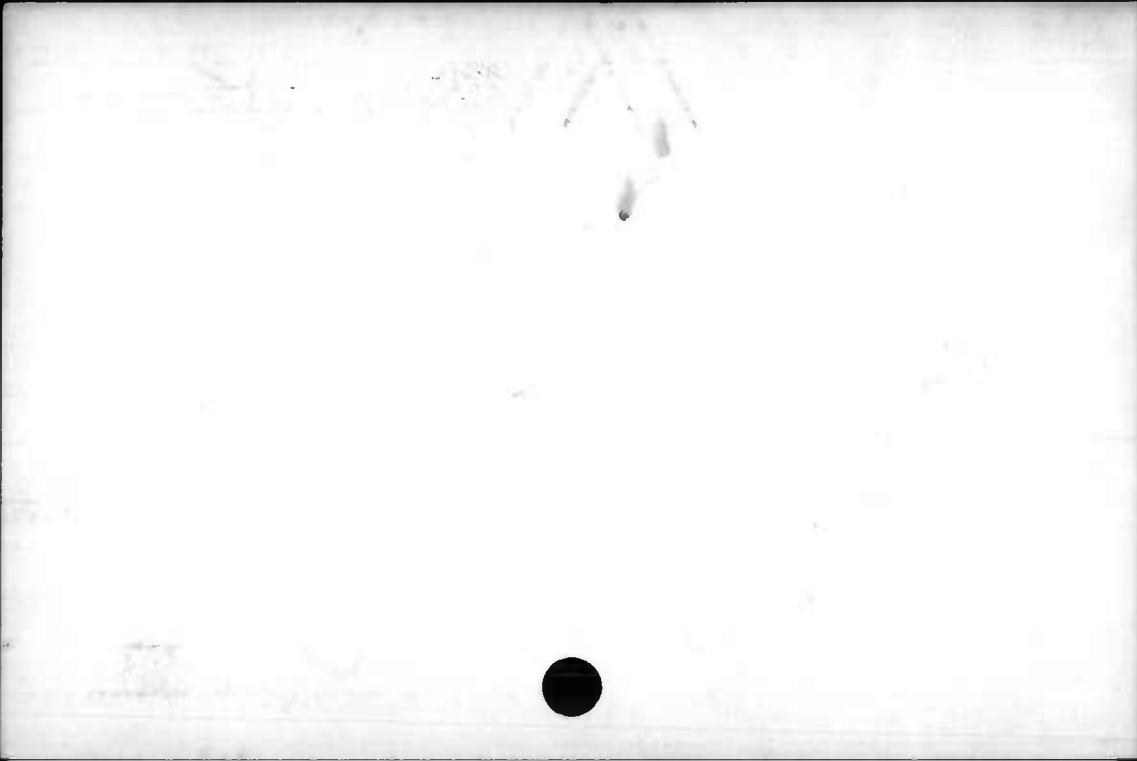
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Kent Island</u> ^{Town}		<u>L.A.</u> ^{County}		MARYLAND	
Date of death <u>1903</u>	Month <u>12</u>	Day <u>29</u>	Age <u>66</u> ^{Years}	Months <u>8</u>	Days <u>2</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Somerset Co., Ind.</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, <u>Single</u> or <u>Widowed</u>	Name of Wife ^{Husband} <u>Wesley Lawrence</u>				
Father's Name <u>Robert Bozman</u>	Father's Birthplace <u>Somerset Co., Ind.</u>				
Mother's Maiden Name <u>Margaret Shores</u>	Mother's Birthplace <u>Somerset Co., Ind.</u>				
Name of person giving Information <u>Wesley Lawrence</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cancer of Womb</u>	How long <u>18 mo</u>
Immediate <u>Exhaustion</u>	How long <u>6 wks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>C Percy Kemp</u>
	Address <u>Stevensville</u>
	<u>Ind.</u>
Accident or Suicide? <u>No</u>	



Name of Child

Certificate of Birth

Death

Town

County

Date 1903

Month

Day

White

Male

Living

Number of Children 1st 2nd 3rd

Date 1903

Month

Day

Colored

Female

Still Born

4th 5th 6th 7th 8th 9th

Father's

Age

Name in Full

Occupation

Birthplace

Mother's

Age

Maiden Name

Occupation

Birthplace

Reported by

Physician, Midwife, Parent

Address

If child is not named, send name as early as possible

LIBRARY BUREAU, 79999



Name
in
Full

CERTIFICATE OF DEATH

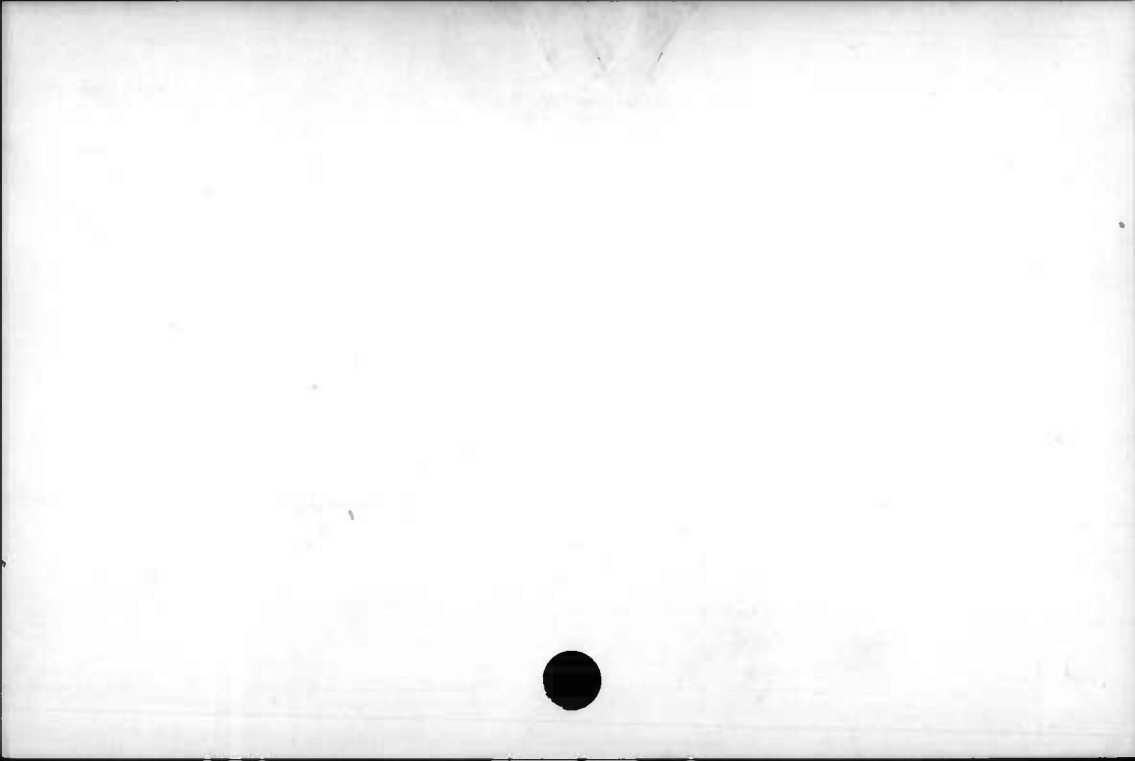
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Libby Marsh</i> <small>Town</small>		<i>Q. A. Co.</i> <small>County</small>		MARYLAND	
Date of death	<i>1903</i>	Month <i>Dec.</i>	Day <i>8</i>	Years <i>75</i>	Age <i>75</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth- place		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving In formation			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. W. D. Troy</i>
	Address <i>Andreville</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Robert Moore

Town

County

Died at

Alms House

2 James Co

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

12

18

Age

74

Male

~~White~~

Married

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Bright's disease

How long sick

2 1/2 years

Death

Immediate

Natural decay

Accident, Suicide, Homicide

Reported by

Wm Foster

Address

Ruthsburg

2nd Co Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J A Holton M.D.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

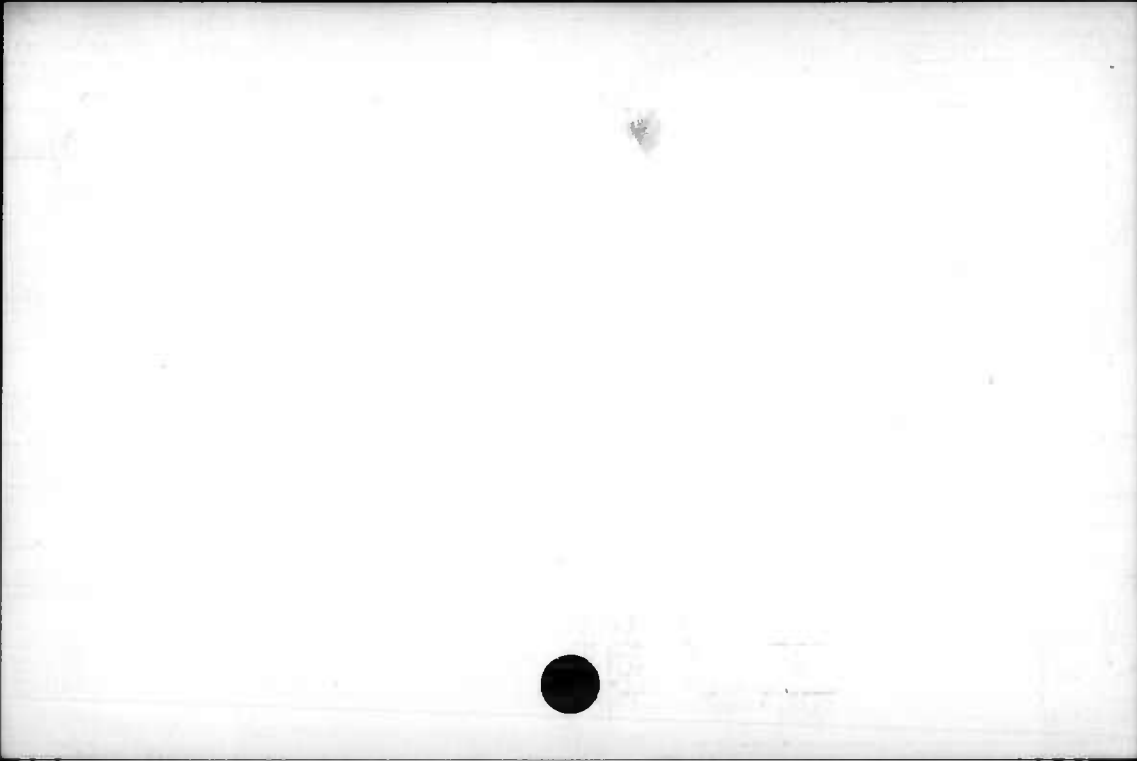
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sarah A Pennington</i>		Town <i>Cumtville</i>		County <i>Queen Anne</i>		MARYLAND	
Died at <i>Cumtville</i>		Month <i>12</i>		Day <i>9</i>		Years <i>81</i>	
Date of death <i>1903</i>		Months <i>11</i>		Days <i>5</i>			
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Church Hill</i>			
Occupation <i>Lady</i>		Where Residing if not at place of death <i>Cumtville Md</i>					
or Widowed		Name of Husband <i>Wm S. Pennington</i>					
Father's Name <i>Valentine Har Lane</i>		Father's Birthplace <i>Ship on Atlantic Ocean</i>					
Mother's Maiden Name <i>Elizabeth Rockett</i>		Mother's Birthplace <i>Church Hill</i>					
Name of person giving Information <i>Wm Pennington</i>		How related to deceased <i>Grand Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Arterio Sclerosis</i>		How long <i>3 yrs</i>	
Immediate <i>Exhaustion</i>		How long <i>2 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm S. Pennington MD</i>	
Address <i>Cumtville</i>		Address <i>Queen Anne Is</i>	
Accident or Suicide? <i>no</i>			



Name
in
Full

Edward Raley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brownsville</i>		Town <i>Brownsville</i>		County <i>Town Anne</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>12</i>	Day <i>23</i>	Age <i>65</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birthplace <i>Z. A. Co</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>at place of death</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife <i>Caroline Raley</i>						
Father's Name <i>—</i>	Father's Birthplace <i>—</i>						
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>						
Name of person giving Information <i>Caroline Raley</i>	How related to deceased <i>Wife</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic</i>	How long <i>4 yrs</i>
Immediate <i>Cerebral Hemorrhage</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. B. Raley</i>
	Address <i>Brownsville</i>
Accident or Suicide? <i>No</i>	<i>md</i>



Name
in
Full

Thomas Ringgold

CERTIFICATE OF DEATH

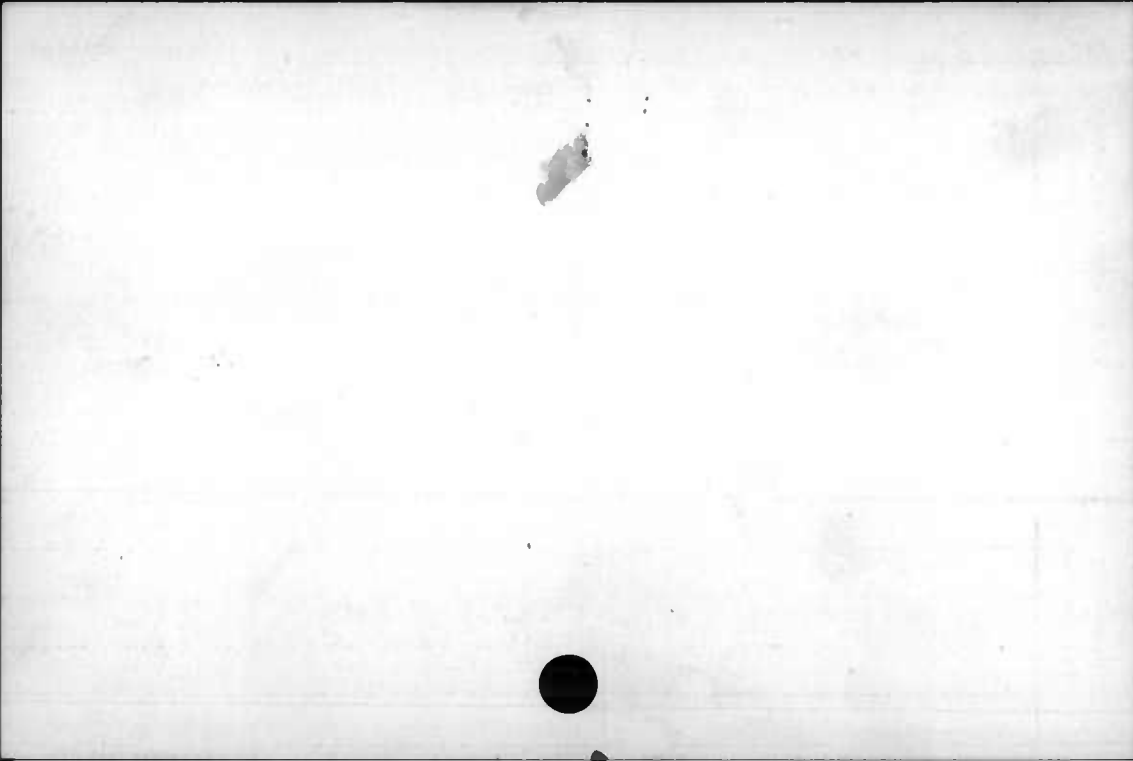
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Love Point Light Sta, Queenannes							
Date of death 1903	Month	Day	Years	Months	Days		
3	Dec	27	48	1	25		
Sex	Male		Color or Race	White		Birth-place	Kent Island
Married, Single or Widowed	Single		Occupation	Light-House Keeper			
Name of Wife or Husband							
Father's Name	Wm Clayton Ringgold				Father's Birthplace	Queenannes Co.	
Mother's Maiden Name	Skinner				Mother's Birthplace	" "	
Name of person giving information	C. E. S. Ringgold				How related to deceased	Brother	

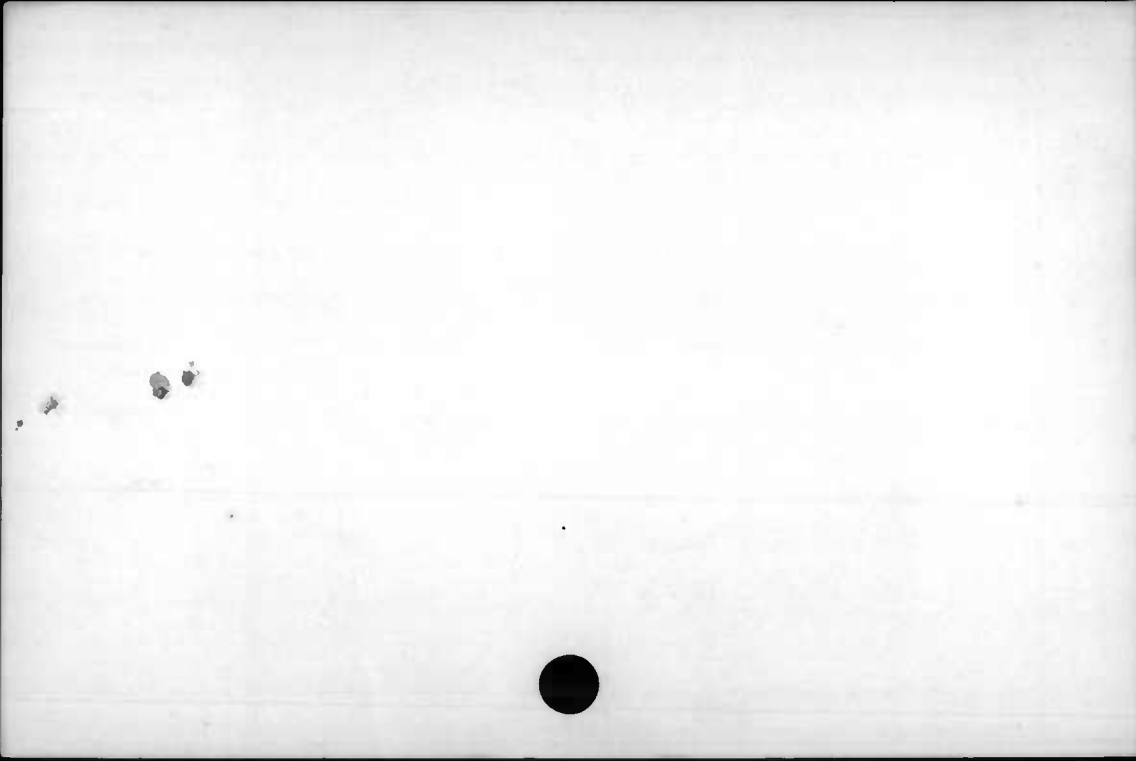
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Indigestion		How long	about 2 hours.
Immediate	Paralysis		How long	immediate.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	C. Percy Kemp
			Address	Stevensville Md.
Accident or Suicide?				



Name in Full John Amos Robinson		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at Kent Island		Town Queen Anne's		County MARYLAND
	Date of death 1903	Month Dec	Day 9	Age 8	Years 8 Months 14 Days
	Sex Male	Color or Race Colored		Birth-place Kent Island	
	Married, Single or Widowed Single			Occupation 	
	Name of Wife or Husband 				
	Father's Name Wm. Robinson			Father's Birthplace Kent Island	
	Mother's Maiden Name Emma			Mother's Birthplace " "	
Name of person giving information Chas Robinson			How related to deceased Father		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary Whooping Cough			How long 1 week	
	Immediate Bronchopneumonia			How long 2 days	
	Are the name, age, sex, color, date and place correctly given above? Yes			Signature of Physician D. Chas. E. Pryor	
				Address Stevensville Md.	
	Accident or Suicide? 				



Eliza A. Roe -

Died at *her* ^{Town} *Borelney* ^{County} *Shed* MARYLAND

Date 19*13* ^{Month} *12* ^{Day} *2* ^{Y.} *79* ^{M.} *-* ^{D.} *-* ^{Native of} *Ind* ^{Occupation}

~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~

^{Female} ~~Colored~~ ^{Single} ~~Widower~~ ^{Number of children living} *2*

Husband of *James B Roe*

Wife

Father's Name *Thomas Dudley* ^{Mother's} *Myo Spencer*

^{Maiden Name}

Cause of ^{Primary} *Paralysis* ^{How long sick} *Several years*

Death ^{Immediate} *General Debility and Exhaustion* ^{Accident, Suicide, Homicide}

Reported by *Foster Suder*

Address *Sunderick Md*

Roswell

Travel

Name
in
Full

CERTIFICATE OF DEATH

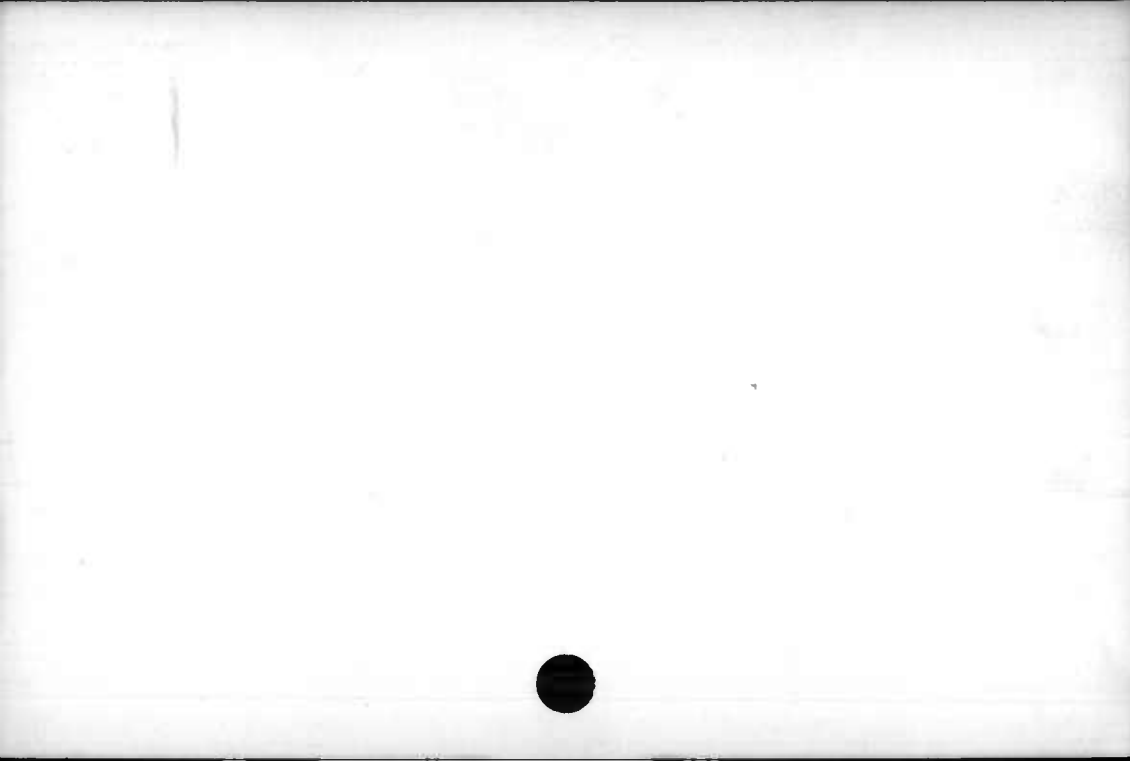
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Centerville</i>		Town <i>Centerville</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death	<i>1903</i>	Month	<i>12</i>	Day	<i>14</i>	Age	<i>33</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Queen Anne Co</i>		Months	<i>4</i>
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>near Centerville</i>		Years		Days <i>14</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>Queen Anne Co</i>		Mother's Birthplace <i>Queen Anne Co</i>	
Father's Name <i>Wm J Shanon</i>		Mother's Maiden Name <i>Martha Baxter</i>		Name of person giving Information <i>Wm J Shanon</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>3 weeks</i>
Immediate	<i>Perforation</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm J Shanon MD</i>	
		Address <i>Centerville</i>	
Accident or Suicide? <i>No</i>		<i>Queen Anne Co</i>	



Name
in
Full

Matilda Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Alms House</i>		Town <i>2, Alms</i>		County		MARYLAND	
Date of death	1903	Month	12	Day	12	Age	75
Sex	Female		Color or Race	Negro		Birth-place	2 A C
Occupation	Cook		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband <i>Alfred Smith</i>				
Father's Name	Don't know		Father's Birthplace <i>Don't know</i>				
Mother's Maiden Name	Don't know		Mother's Birthplace <i>5'</i>				
Name of person giving Information	J A Holton		How related to deceased <i>none</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>5 years</i>
Immediate	<i>old age</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J A Holton MD</i>
		Address	<i>Centerville 2 A C Md</i>
Accident or Suicide?			



Name
in
Full

Sarah Thomas

CERTIFICATE OF DEATH

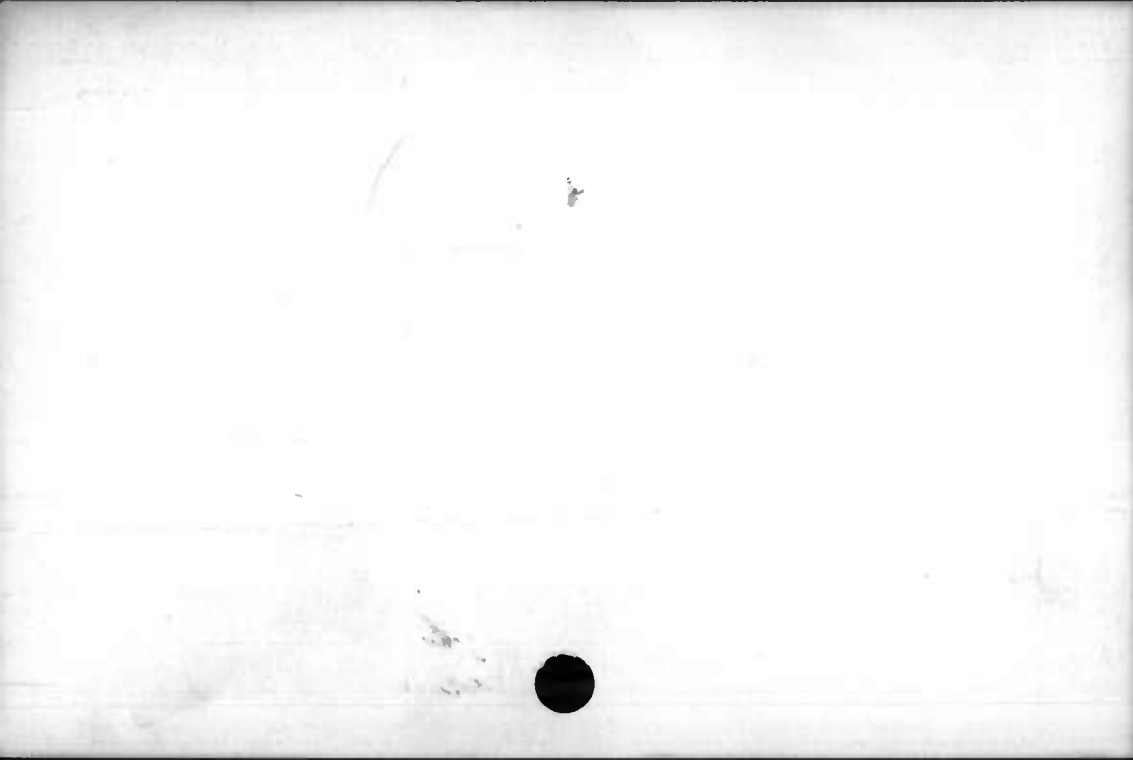
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hards</i> ^{Town}		<i>Green</i> ^{County} <i>Anne</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>12</i>	Day <i>29</i>	Age <i>61</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>American</i>		Birth-place <i>Dorchester</i>		
Occupation <i>House wife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John R. Thomas</i>				
Father's Name <i>George Jones</i>			Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Mollie Jones</i>			Mother's Birthplace <i>Dorchester</i>		
Name of person giving Information <i>Jas Collier</i>			How related to deceased <i>Son in Law.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Knew</i>	How long
Immediate <i>Phthisis Pulmonalis</i>	How long <i>Over one year</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Howard R. Hopkins</i>
	Address <i>Greenstown</i>
	<i>MD.</i>
Accident or Suicide?	



Name
in
Full

Emily C. Uselton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salceus</i> Town		<i>Queen Anne's</i> County		MARYLAND	
Date of death	<i>1903</i>	Month	<i>12</i>	Day	<i>5</i>
Age		<i>52</i>	Years	<i>5</i>	Months
Sex		<i>Female</i>	Color or Race	<i>White</i>	Birth-place
Occupation		<i>Housewife</i>	Where Residing if not at place of death <i>Salceus</i>		
Married, Single or Widowed	<i>Married</i>	Name of Husband <i>James H. Uselton</i>			
Father's Name	<i>John J. Belandshaw</i>			Father's Birthplace	<i>Queen Anne's Co.</i>
Mother's Maiden Name	<i>Rebecca Hancock</i>			Mother's Birthplace	<i>Queen Anne's Co.</i>
Name of person giving Information	<i>Aunnie R. Mackey</i>			How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Interstitial Nephritis</i>	How long	<i>4 or 5 yrs</i>
Immediate	<i>Uremia</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>Importance M.D.</i>	
Address		<i>Centerville, Queen Anne's Co.</i>	
Accident or Suicide?		<i>No</i>	

Transferred